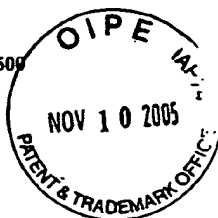


TELEPHONE (312) 258-5500



SCHIFF, HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

IN RE APPLICATION OF: Manfred FUCHS et al. GROUP ART UNIT: 2878
SERIAL NO.: 10/660,385 EXAMINER: Mindy D. Vu
FILED: September 11, 2003 CONFIRMATION NO.: 6940
TITLE: "LUMINOPHORE PLATE"
AMENDMENT "A"

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*23	MINUS	**28	X	() X 25.00 () X 50.00	
INDEP. CLAIMS	*2	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 28574)

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on November 7, 2005.

Steven H. Noll
NAME OF APPLICANT'S ATTORNEY
Steven H. Noll
SIGNATURE
November 7, 2005
DATE

Fee Only

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number 101660385			
APPLICATION AS FILED – PART I									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)			
BASIC FEE (37 CFR 1.16(a), (b), or (c))									
SEARCH FEE (37 CFR 1.16(k), (l), or (m))									
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))									
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*	X	=	X	=			
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X	=	X	=			
APPLICATION SIZE FEE (37 CFR 1.16(s))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									
* If the difference in column 1 is less than zero, enter "0" in column 2.									
APPLICATION AS AMENDED – PART II									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(j))	*	**	=	X	=	X	=	
	Independent (37 CFR 1.16(h))	*	***	=	X	=	X	=	
	Application Size Fee (37 CFR 1.16(s))								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(j))	*	**	=	X	=	X	=	
	Independent (37 CFR 1.16(h))	*	***	=	X	=	X	=	
	Application Size Fee (37 CFR 1.16(s))								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2